

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034072	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2016
NAME OF PROVIDER OR SUPPLIER NARU FAMILY CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4266 INDIANA AVENUE WINSTON-SALEM, NC 27105		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Survey on February 4, 2016 from 8:41 AM to 10:17 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 3, 1997 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 1992 Family Care Home Rules T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1996 (1997 Revision) North Carolina State Building Code - Section 419.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Observations revealed several cracks and bubbling paint along the fireplace wall in Bedroom B. The walls also had numerous cobwebs hanging from the ceiling and down the walls.	C 174		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 174	Continued From page 1 Several of the cracks had been patched. Clean the walls and have a qualified technician patch the cracks and repair the bubbling finish. Provide documentation of this correction in the form of photos, receipts or work orders. 2. Observations revealed green mildew along the roof at the left face of the facility. Also observed an accumulation of leaves, limbs and other debris in the roof valleys at the left and rear of the facility. Have a qualified technician clean the roof to remove the mildew and debris. Provide documentation of this correction in the form of photos, receipts or work orders.	C 174		
C 127	Storage Areas-Separate Locked T10: 42C .2207 STORAGE AREAS (a) Storage areas must be adequate in size and number for separate storage of clean linens, soiled linens, food and food service supplies; and household supplies and equipment. (b) There must be a separate locked area(s) for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies must be supervised while in use. This Rule is not met as evidenced by: 1. Observations revealed bleach and cleaning supplies stored under the kitchen sink which was not a lockable cabinet. Keep cleaning supplies in a separate, locked cabinet. Provide verification of this correction in the form of photos.	C 127		
C 138	Outside Entrances/Exits-Single Hand Motion T10: 42C	C 138		

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STATE FORM

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C 139	Continued From page 3 windows in the case of an emergency. Remove or disable the safety clips. Provide documentation of this correction in the form of photos or receipts.	C 139		
C 158	Fire Safety-Evacuation Plan T10: 42C .2213 FIRE SAFETY EQUIPMENT (d) A written fire and disaster plan (including a diagrammed drawing) which has the approval of the local fire department must be prepared in large print and posted in a central location on each floor. This plan must be reviewed with each resident on admission and must be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1. Observations revealed that the evacuation plan in Bedroom A was not oriented correctly to show the direction of exiting. Turn the plan to the correct orientation. Verify that all of the evacuation plans are oriented correctly. Provide documentation of this correction in the form of photos.	C 158		